



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax

(571)-273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

ndicated unless corrected maintenance fee notification	below or directed others.	rwise in Block 1, by (a	specifying a new corres	pondence address; a e: A certificate of п	and/or (b) indicating a sep	correspondence address a arate "FEE ADDRESS" for or domestic mailings of the		
			Fee( pape	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
21839 75	590 05/05/2	008	havo					
BUCHANAN, IN POST OFFICE BO ALEXANDRIA, V		OONEY PC	I her State addr	eby certify that this	ificate of Mailing or Trans Fee(s) Transmittal is bein th sufficient postage for fir Stop ISSUE FEE address 0 (51) 273-285, on the	smission g deposited with the United state class mail in an envelope above, or being facsimile date indicated below.		
ALLAANDRIA, V	7 A 22313-1404			sinuce to the OSI I	O (571) 275-2005, On the C	(Depositor's name)		
			-	· · · · · · · · · · · · · · · · · · ·		(Signature)		
				<del></del>		(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/501,532	12/30/2004		Ruedi Hess		009765-053	6367		
ITTLE OF INVENTION: S								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE				
nonprovisional	+10- KES	-SI-140 \$7 <sub>0</sub>	20 \$300	<b>\$</b> 0	-\$ <del>1740-</del> \$ 4,020	08/05/2008		
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS		# 1020			
KRAMER, E	DEAN J	3652	294-074000					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME ANI	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	pe)				
recordation as set forth i	n 37 CFR 3.11. Compl	ied below, no assignee ction of this form is NO	T a substitute for filing an	assignment.	e is identified below, the	document has been filed for		
(A) NAME OF ASSIGN	NEE		(B) RESIDENCE: (CITY	and STATE OR Co	OUNTRY)			
SUXHESS H	ëss Board & 1	Process Cons	ulting	S	witzerland			
Please check the appropriat	e assignee category or o	categories (will not be pr	rinted on the patent):	Individual 🛂 Co	rporation or other private g	roup entity Governmen		
la. The following fee(s) are			A check is enclosed.		y previously paid issue fee	e shown above)		
Publication Fee (No		ermitted)		ment by credit card. Form PTO-2038 is attached.  Director is hereby authorized to charge the required fee(s), any deficiency, or credit any reasonment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).				
Advance Order - # c	of Copies:		overpayment, to Depo	sit Account Number	r 02-4800 (enclose	an extra copy of this form).		
5. Change in Entity Status  a. Applicant claims S			☐ b. Applicant is no lon	ger claiming SMAL	L ENTITY status. See 37 (	CFR 1.27(g)(2).		
NOTE: The Issue Fee and I nterest as shown by the rec	Publication Fee (if requienced of the United State	ired) will not be accepte es Patent and Trademark	d from anyone other than to Office.	he applicant; a 🕬	BOYEROS HDENESSE ODI	the assignee or other party		
Authorized Signature	OK/C	Jean		Date	FC:2581- 200729.6	19 DA 18 DA		
Typed or printed name _	Patrick C.	Keane		Registration No	o. 32,858			
This collection of informati an application. Confidentia submitting the completed a	ion is required by 37 CF lity is governed by 35 to application form to the	FR 1.311. The information of the U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain or 1.14. This collection is est	retain a benefit by the	ne public which is to file (ar inutes to complete, including mments on the amount of the Grademark Office, U.S. De	nd by the USPTO to proces ing gathering, preparing, ar ime you require to comple		

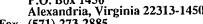
unis form amour suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885





				(371)-273-2003				
	below or directed other		) specifying a new co	orrespondence address;	and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for		
CURRENT CORRESPONDEN		ck I for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
21839 7	7590 05/05/	2008			tificate of Mailing or Tran			
BUCHANAN, I POST OFFICE BO ALEXANDRIA,		ROONEY PC		I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
						(Depositor's name)		
						(Signature)		
						(Date)		
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/501,532				· · · · · · · · · · · · · · · · · · ·	009765-053 6367			
TITLE OF INVENTION:								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE		
nonprovisional	NO- VES	S1440 \$7.	26 \$300	\$0	\$1740	08/05/2008		
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	5	\$ 4020			
KRAMER, DEAN J		3652	294-074000	<del></del>	_			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of or agents OR, alte	single firm (having as a member a y or agent) and the names of up to at altorneys or agents. If no name is				
(A) NAME OF ASSIG	ess an assignee is ident in 37 CFR 3.11. Comp ENEE HESS Board &	ified below, no assignee oletion of this form is NO Process Const	data will appear on to a substitute for filing (B) RESIDENCE: (aulting	the patent. If an assign g an assignment. CITY and STATE OR	COUNTRY) Switzerland	document has been filed for		
Please check the appropri	ate assignee category or	categories (will not be p	nnted on the patent):	G Individual -Gr	orporation of other private g	group chitty — Government		
4a. The following fee(s) a  SIssue Fee  Republication Fee (No. 12)  Advance Order - #	o small entity discount [		4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).					
5. Change in Entity Stat  a. Applicant claims	SMALL EXTRITY state	us. See 37 CFR 1.27.	b. Applicant is n	o longer claiming SMA	ALL ENTITY status. See 37	CFR 1.27(g)(2).		
NOTE: The Issue Fee and interest as shown by the re	l Publication Fee (if req ecords of the United Sta	uired) will not be accepte tes Patent and Trademark	ed from anyone other to k Office.	than the applicant; a reg	gistered attorney or agent; or	the assignee or other party in		
Authorized Signature		Lan			Jul 5, 2008			
Typed or printed name					No. 32,858			
submitting the completed	n application form to the	e USF 10. Time will var	he Chief Information	Officer, U.S. Patent and	d Trademark Office, U.S. D	and by the USPTO to process) ding gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450,		

Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.